



PUBLIC RECORDS REQUEST FORM

Name:		Address:		
		City:	State:	Zip:
Phone No.:	Cell No.:	E-Mail:		

The employee having custody of public records shall give, on request and pre-payment of the fee established under 1.25.010 or Section 1.25.030 unless pre-payment is waived a copy of the public record. The employee having custody of the public records shall respond within ten (10) working days of the request (do not count day request received, or Saturday, Sunday or CBS holidays). This time frame may be extended by written notification of the need for additional time before expiration of the response period. If the request is denied in whole or in part, you will be notified in writing. You may appeal the denial to the CBS Assembly, if written appeal is filed within ten working days. Your appeal will be heard at the next regular scheduled Assembly meeting. Any appeal from the Assembly's final decision is to Sitka Superior Court as an administrative agency appeal.

Title of Record(s):
Date of Record(s):
Description of Record(s): Please provide any additional information that will assist us in locating the record(s) for you as quickly as possible:
• Requestor's Signature:
Date:

***** Please Note: This form must be completed and returned to the Municipal Clerk's Office for processing. *****

FOR OFFICE USE ONLY

• Photocopies	\$.25 per page + tax	\$ _____
• Assembly Packets	\$ 10.00 each packet + tax	\$ _____
• Audio Copy	\$ 10.00 each + tax	\$ _____
• Video Copy	\$ 25.00 each + tax	\$ _____
• Mylar Copies of Plats	\$ 20.00 per mylar copy + tax	\$ _____
• Certified Copies	\$ 1.25 1 st page .25 each additional page	\$ _____
• Copy of Budget	\$ 25.00 each + tax	\$ _____
• Other _____	Price to be determined	\$ _____
• The salary of an employee(s)	\$ _____ labor x _____ hours + tax	\$ _____

(hourly rate plus benefits) filling a request, when retrieval and duplication of the documents requested generate labor in excess of one hour.

The municipality may reduce or waive a fee when the municipality determines that the reduction or waiver is in the public interest. Fee reductions and waivers shall be uniformly applied among persons who are similarly situated. The municipality may waive a fee of five dollars or less if the fee is less than the cost would be to the municipality to arrange for payment.

TAX \$ _____

TOTAL CHARGES \$ _____

Date Request Received: _____ Completed By or Referred to (check a box below) Name: _____

Request for Record(s) Copy(ies) total \$ _____ was received on _____ and provided or mailed/emailed on _____

Record(s) or Information is exempt from disclosure and public access is denied and the requestor was notified on _____

Record(s) or Information cannot be located or do not exist and the requestor was notified on _____

Record(s) or Information available online at www.cityofsitka.com

The departments that have a check mark have been copied to assist in filling this records request.

<input type="checkbox"/> Administration	<input type="checkbox"/> Finance	<input type="checkbox"/> IS – Email	<input type="checkbox"/> Planning Department
<input type="checkbox"/> Assessing	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Library	<input type="checkbox"/> Police Department
<input type="checkbox"/> Centennial Building	<input type="checkbox"/> Harbor Department	<input type="checkbox"/> Legal Department	<input type="checkbox"/> Public Works
<input type="checkbox"/> Electric Department	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Municipal Clerk	<input type="checkbox"/> Other: _____